

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11	1					
12		1				
13		1				
14		2				
15		1				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		0				
26		2				
27		2				
28		0				
29		0				
30		0				
31	1					
32	1					
33		2				
34		4				
35						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	48					
TOTAL CLAIMS	52					

	IND	DEP	IND	DEP	IND	DEP
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